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MONT. P.S. COMMISSION

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

ALLIED WASTE SYSTEMS OF N AMERICA LLC DBA REPUBLIC SERVICES BAYSIDE DISPOSAL INC DBA Disposal Service of Montana

PSC Number	9412	See General Instruction # 5
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See General Instruction # 1	
Reporting Year	2019
Reporting Period (if other than calendar year)	mm/yyyy to mm/yyyy format

CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS)	PO BOX 3508 LEWISTOWN, MT 59457
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Carrier e-mail address	LTaylor3@RepublicServices.com
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Person Completing Report	
Name	Vickie Forbes
Phone Number	406-761-3863
E-mail Address	VForbes@RepublicServices.com

Check One	WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?
YES	
NO	
If NO See General instruction #3	

Montana Public Service Commission
 Transportation Division
 1701 Prospect Avenue / PO Box 202601
 Helena, MT 59620-2601

Name	ALLIED WASTE SYSTEMS OF N AMERICA LLC DBA REPUBLIC SERVICES INC DBA Disposal Service of Montana	BAYSIDE DISPOSAL
PSC #	9412	
Year	2019	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	
	Class C	
	Class D (Garbage)	
	TOTAL INTRASTATE REVENUE	
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	
	Interstate Revenue	
	Non-Regulated Revenue	\$250
	TOTAL REVENUE	\$250
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	
	Drivers & Helpers	
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	
Fringes		
	Payroll Taxes	
	Workman's Compensation	
	Pension & Welfare Expenses	
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	
	Vehicle Parts	
	Other Operating Supplies & Expenses	
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
	Vehicle License & Registration Fees	
	Other Taxes	
Depreciation & Amortization		
	Revenue Equipment	
	Other	
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	
	Communications & Utilities	
	Building & Office Equipment Rents	
	General Supplies & Expenses	
	Miscellaneous Expenses	
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	
	NET INCOME OR (LOSS)	\$250

Name	ALLIED WASTE SYSTEMS OF N AMERICA LLC DBA REPUBLIC SERVICES DISPOSAL INC DBA Disposal Service of Montana	BAYSIDE
PSC #	9412	
Year	2019	
BALANCE SHEET (ASSETS)		
<u>CURRENT ASSETS</u>		
	Cash & Working Funds	
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	
	Prepayments	
	Materials & Supplies	
	Other Current Assets	
	TOTAL CURRENT ASSETS	
<u>TANGIBLE PROPERTY</u>		
	Carrier Operating Property	
	Less: Reserve for Depreciation (enter positive numbers only)	
	Carrier Operating Property Leased to Others	
	Less: Reserve for Depreciation (enter positive numbers only)	
	Non-Carrier Operating Property	
	Less: Reserve for Depreciation (enter positive numbers only)	
	TOTAL TANGIBLE PROPERTY	
<u>INTANGIBLE PROPERTY</u>		
	Organization, Franchises & Permits	
	Less: Reserve for Amortization (enter positive numbers only)	
	Other Intangible Property	
	Less: Reserve for Amortization (enter positive numbers only)	
	TOTAL INTANGIBLE PROPERTY	
Other Accounts		
	Investment Securities and Advances	
	Special Funds	
	Deferred Debits	
	Total Other	
	TOTAL ASSETS	

Name	ALLIED WASTE SYSTEMS OF N AMERICA LLC DBA REPUBLIC SERVICES DBA Disposal Service of Montana	BAYSIDE DISPOSAL INC
PSC #	9412	
Year	2019	
BALANCE SHEET (LIABILITIES)		
<u>CURRENT LIABILITIES</u>		
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	
	Wages Payable	
	C.O.D.'s Unremitted	
	Taxes Accrued	
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	
TOTAL CURRENT LIABILITIES		
<u>LONG TERM DEBT DUE WITHIN ONE YEAR</u>		
	Equipment Obligations and other Debt	
<u>LONG TERM DEBT DUE AFTER ONE YEAR</u>		
	Advances Payable	
	Equipment Obligations	
	Less reacquired and nominally issued (enter positive number only)	
	Other Long Term Obligations	
	Less reacquired and nominally issued (enter positive number only)	
TOTAL LONG TERM DEBT		
<u>Other</u>		
	Total Deferred Credits	
	Total Reserves	
TOTAL OTHER		
<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>		
	Capital Stock	
	Proprietors' Capital	
	Retained Earnings	
TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY		
TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY		
TOTAL ASSETS		
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

LEASE OF CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

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This agreement, made and entered into this 1st day of January, 20 19, by and between

Republic Services Inc DBA Disposal Services of MT, P.O. Box 3508 Hewittown MT 59457
(Indicate full name of owner as shown on intrastate certificate together with full mailing address)

herein after called "LESSOR" and City of Cut Bank, a Municipality Incorporated under the
(Indicate full name, including

Laws of the State of MT, 221 W Main Cut Bank, MT 59427, hereinafter called "LESSEE".
business name if any, and address of the person leasing the authority)

WITNESSETH:

That in consideration of the rents to be paid and of the covenants, terms and conditions to be kept and performed as hereinafter set forth and subject to the approval of the Public Service Commission of the State of Montana, IT IS HEREBY MUTUALLY AGREED AS FOLLOWS:

- (1) Lessor does hereby lease, demise and let upto Lessee that certain Certificate of Public Convenience and Necessity issued by the Department of Public Service Regulation, Montana Public Service Commission, bearing PSC No. 9412, a copy of which Certificate is annexed hereto, marked Exhibit A, and by this reference made a part hereof, together with the rights, privileges, duties and obligations of the Lessor existing under and by virtue of the ownership of said Certificate.
- (2) The term of this lease shall be for a period of 12 months commencing upon approval of this lease of the Department of Public Service Regulation, Public Service Commission of the State of Montana.
- (3) Immediately upon approval of this lease by the said Public Service Commission, the Lessee shall become entitled to operate exclusively under the authority described in Exhibit A, hereof to the full extent thereof, for and during the entire term of this Lease and any renewal thereof, unless this Lease be sooner terminated as hereinafter provided.
- (4) As for the rental of said Certificate, Lessee shall pay to the Lessor the sum of 250⁰⁰ per ^{year} ~~month~~ during the term of this Lease, payable monthly in advance; the first rental payment shall be due and payable immediately upon approval of this lease by the Montana Public Service Commission, and monthly on the same day of each month hereinafter during the entire period of this Lease.
- (5) All equipment used by Lessee in his operation under said leased Certificate shall be provided by the Lessee at his own expense and shall be registered with the Montana Public Service Commission in conformity with the equipment specifications prescribed by the laws, rules and regulations of the said Montana Public Service Commission.
- (6) Lessee agrees that the operation to be conducted under and by virtue of the authority leased shall be the entire responsibility of the Lessee and Lessee agrees to hold and save Lessor harmless from all loss, damage or liability arising or accruing out of or in any way connected with the operations of the authority leased by the Lessee.
- (7) Lessee agrees that his operations under said leased Certificate shall be covered by the Lessee's insurance presently in force and effect and on file with the Montana Public Service Commission, or in the event the insurance presently in effect does not cover the leased operations, Lessee agrees to procure such insurance to cover such operation in such amount as the Public Service Commission may specify, but with limits of liability not less than \$ 500,000⁰⁰ for bodily injury and property damage and \$ 500,000⁰⁰ for cargo damage and to cause the Lessor to be named in the said policy as an additional named insured, all without cost to the Lessor.

- (8) The cost of licenses, other charges fixed by the Public Service Commission under its rules and regulations or required by law, and those fees and compensation provided for in 69-12-402, 69-12-407, 69-12-421, 69-12-422, 69-12-423, MCA, coming due and payable during the terms of this lease, shall be paid by Lessee.
- (9) Lessee agrees to employ competent licensed persons to operate Lessee's motor vehicles under the leased Certificate during the term of this Lease and to hold and save Lessor harmless from any claims for such drivers for salaries, wages and expenses incurred in connection with the Lessee's operations under the leased Certificate.
- (10) Lessee agrees to conduct all of his operations under said leased Certificate in conformity with and pursuant to the rules, regulations, orders and instructions of the Department of Public Service Regulation, Public Service Commission of the State of Montana and the laws of the State of Montana governing the operation of for hire carriers.
- (11) In the event that Lessee shall default in any of the promises, payments, covenants or agreements in this lease contained, or should a petition of bankruptcy be filed by Lessee or a petition in bankruptcy be filed against lessee and the same not be removed or dismissed within thirty (30) days thereafter, or should the Lessee in any manner place the Certificate in jeopardy or otherwise endanger continuance of the Certificate in full force and effect, each and all of which shall be deemed material defaults and such defaults continue for a period of ten (10) days after notice thereof has been given Lessee in writing, by Lessor, the Lessor, at this option, may elect to terminate this Lease without further notice or demand and declare the rental paid under the provisions hereof forfeited as and for liquidated damages for the breach of this agreement, or Lessor may, at his option, pursue any other remedy available to him under the laws of the State of Montana.
- (12) All notices required or permitted herein shall be served personally or by certified mail. Notices to the Lessor shall be addressed to the Lessor at P.O. Box 3508 Lewistown, MT 59457, and to the Lessee at 221 W. Main, Cut Bank, MT 59427. Notice shall be complete upon posting if deposited in the United States mail within the State of Montana.
- (13) Lessee shall not assign this Lease or sublet the Certificate without written consent of Lessor and the permission of the Public Service Commission first had and obtained.
- (14) It is further covenanted and agreed that all of the covenants and agreements herein contained are binding upon the respective parties hereto, their heirs, successors and assigns.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands the day and year first above written.


 (Signature of Lessor)

OM (406) 538-8393
 (Title & Telephone Number of Lessor)


 (Signature of Lessee)

Mayor - City of Cut Bank 406-873-5526
 (Title & Telephone Number of Lessee)

This lease must be submitted to the Montana Public Service Commission, 1701 Prospect Avenue, P.O. Box 202601, Helena, Montana 59620-2601, for approval.

Name	ALLIED WASTE SYSTEMS OF N AMERICA LLC DBA REPUBLIC SERVICES BAYSIDE DISPOSAL INC DBA Disposal Service of Montana
PSC#	9412
YEAR	2019

OATH

STATE OF Montana

SS.

County of Cascade

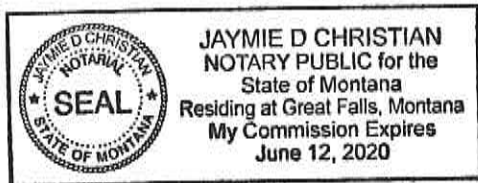
I, the undersigned representative of the motor carrier, above named, on my oath say that the foregoing return has been prepared, under my direction, from the original books, papers and records of said motor carrier; that I have carefully examined the same and declare the same to be a complete and correct statement of the business and affairs of said motor carrier in respect to each and every matter and thing therein set forth, to the best of my knowledge, information and belief; and I further say that no deductions were made before stating the gross earnings or receipts herein set forth except those shown in the foregoing accounts; and that the accounts and figures contained in the foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed.

[Signature]
 (Signature of owner/officer/authorized representative)
Business Unit Finance Manager
 (Title)

SUBSCRIBED AND SWORN to before me this 27 day of MARCH 2020

Jaymie D Christian
 Notary Public
 In and for the State of MONTANA

(SEAL)



Residing at GREAT FALLS

My Commission Expires JUNE 12, 2020